

Non-Institutional Edit Requirements

Chapter 6

Element Name: Amount Paid by Government FI/Contractor (2-155)

Validity Edits

2-155-01 MUST BE NUMERIC.

Relational Edits

Related to Element	Edited Element Relationship	Also Relates to Element(s)
AMOUNT ALLOWED	SEE BELOW	TYPE OF SUBMISSION, FILING DATE
SPECIAL RATE CODE	SEE BELOW	TYPE OF SUBMISSION, PROGRAM INDICATOR, ENROLLMENT STATUS, AMOUNT PAID BY OHI, AMOUNT OF TPL, FILING DATE
AMOUNT OF PAYMENT REDUCTION	SEE BELOW	REASON FOR PAYMENT REDUCTION, NUMBER OF PAYMENT REDUCTION DAYS/ SERVICES
TYPE OF SUBMISSION	SEE BELOW	FILING DATE
TYPE OF SUBMISSION	SEE BELOW	REASON FOR ADJUSTMENT, FILING DATE
ENROLLMENT STATUS	SEE BELOW	PROGRAM INDICATOR, AMOUNT PAID BY OHI, AMOUNT OF TPL, TYPE OF SUBMISSION
AMOUNT ALLOWED BY OTHER HEALTH INSURANCE	SEE BELOW	

Edited Element Relationship

NO ERROR IF SPECIAL PROCESSING CODE = MS MEDICARE SUBVENTION/TRICARE-SENIOR PRIME (NETWORK)
MN MEDICARE SUBVENTION/TRICARE-SENIOR PRIME (NON-NETWORK)

2-155-02R AMOUNT PAID BY GOVERNMENT FI/CONTRACTOR MUST EQUAL ZERO WHEN

TYPE OF SUBMISSION IS D COMPLETE FI/CONTRACTOR DENIAL
O ZERO PAYMENT
C COMPLETE CANCELLATION

WITH FILING DATE WITHIN THE NUMBER OF MONTHS OF HCSRs STORED ON THE DATABASE

2-155-03R AMOUNT PAID BY GOVERNMENT FI/CONTRACTOR AFTER CONSIDERATION OF NET OHI PAYMENT MUST BE \leq AMOUNT ALLOWED WHEN

TYPE OF SUBMISSION I INITIAL SUBMISSION
R RESUBMISSION OF ERROR REJECT
O ZERO PAYMENT
F ADJUSTMENT NEW SUFFIX

¹ IF THE 'LESSER' COMPUTED AMOUNT IS NEGATIVE, AMOUNT PAID BY GOVERNMENT FI/CONTRACTOR MUST = \$0.00.

Element Name:	Amount Paid by Government FI/Contractor (2-155) (Continued)
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C CANCELLATION

B ADJUSTMENT TO NON-HCSR DATA

C COMPLETE CANCELLATION

F

B ADJUSTMENT TO NON-HCSR DATA

A ADJUSTMENT

C

F ADJUSTMENT NEW SUFFIX

A ADJUSTMENT

D MANAGED CARE SUPPORT - TRICARE-TIDEWATER
STANDARD CHAMPUS PROGRAM

6.И-20

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Element Name: Amount Paid by Government FI/Contractor (2-155) (Continued)

	J	MANAGED CARE SUPPORT - HOMESTEAD STANDARD CHAMPUS PROGRAM
	M	MANAGED CARE SUPPORT - CALIFORNIA/HAWAII STANDARD CHAMPUS PROGRAM
	Q	NEW ORLEANS STANDARD CHAMPUS
	S	CRI STANDARD CHAMPUS
	T	MANAGED CARE SUPPORT - STANDARD CHAMPUS PROGRAM
PROGRAM INDICATOR	N	NON-INSTITUTIONAL
	I	INSTITUTIONAL
	T	DENTAL
	D	DRUG
SPECIAL RATE CODE	Ø	NO SPECIAL RATE
	F	DRG NO DISCOUNT

AMOUNT PAID BY OTHER HEALTH INSURANCE = ZERO;

AMOUNT OF THIRD PARTY LIABILITY = ZERO.

NO OCCURRENCE OF OVERRIDE CODE = 'O' (GOVERNMENT PAYMENT PENALTIES APPLIED)

OR

AMOUNT PAID BY GOVERNMENT FI/CONTRACTOR MUST BE LESS THAN OR EQUAL TO
AMOUNT ALLOWED MINUS (PATIENT COPAYMENT PLUS PATIENT COINSURANCE PLUS
AMOUNT APPLIED TOWARD DEDUCTIBLE PLUS AMOUNT OF PAYMENT REDUCTION) WHEN

ENROLLMENT STATUS	F	FI STANDARD CHAMPUS
	Q	NEW ORLEANS STANDARD CHAMPUS
	S	CRI STANDARD CHAMPUS
PROGRAM INDICATOR	N	NON-INSTITUTIONAL
	I	INSTITUTIONAL
	T	DENTAL
	D	DRUG
SPECIAL RATE CODE	Ø	NO SPECIAL RATE
	F	DRG NO DISCOUNT
SPECIAL PROCESSING CODE	1	MEDICAID

AMOUNT PAID BY OTHER HEALTH INSURANCE = ZERO;

AMOUNT OF THIRD PARTY LIABILITY = ZERO.

NO OCCURRENCE OF OVERRIDE CODE = 'O' (GOVERNMENT PAYMENT PENALTIES APPLIED)

2-155-06R EDIT FOR NO SPECIAL RATE, WITH OHI/TPL.

IF (AMOUNT PAID BY OTHER HEALTH INSURANCE NOT = 'O', OR AMOUNT OF THIRD PARTY
LIABILITY NOT = 'O') AND PROVIDER PARTICIPATION INDICATOR = 'N', EXIT.

AMOUNT PAID BY GOVERNMENT FI/CONTRACTOR MUST EQUAL THE LESSER¹ OF

AMOUNT ALLOWED MINUS (PATIENT COPAYMENT PLUS PATIENT COINSURANCE PLUS
AMOUNT APPLIED TOWARD DEDUCTIBLE PLUS AMOUNT OF PAYMENT REDUCTION)

OR

IF FILING DATE < 1993001 AND AMOUNT ALLOWED OHI = 0

AMOUNT BILLED MINUS (TOTAL CHARGES BY DENIED PROCEDURE CODES PLUS
AMOUNT PAID BY OTHER HEALTH INSURANCE PLUS AMOUNT OF THIRD PARTY
LIABILITY PLUS AMOUNT OF PAYMENT REDUCTION)

¹ IF THE 'LESSER' COMPUTED AMOUNT IS NEGATIVE, AMOUNT PAID BY GOVERNMENT FI/CONTRACTOR MUST = \$0.00.

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Element Name: Amount Paid by Government FI/Contractor (2-155) (Continued)

OR IF FILING DATE \geq 1993001 AND AMOUNT ALLOWED OHI \neq 0

AMOUNT BILLED MINUS (TOTAL CHARGES BY A VALID DENIAL REASON CODE PLUS
AMOUNT PAID BY OTHER HEALTH INSURANCE PLUS AMOUNT OF THIRD PARTY
LIABILITY PLUS AMOUNT OF PAYMENT REDUCTION)

OR IF FILING DATE $<$ 1993001 AND AMOUNT ALLOWED OHI \neq 0

AMOUNT ALLOWED OHI MINUS (TOTAL CHARGES BY DENIED PROCEDURE CODES
PLUS AMOUNT PAID BY OTHER HEALTH INSURANCE PLUS AMOUNT OF THIRD PARTY
LIABILITY PLUS AMOUNT OF PAYMENT REDUCTION)

OR IF FILING DATE \geq 1993001 AND AMOUNT ALLOWED OHI \neq 0

AMOUNT ALLOWED OHI MINUS (TOTAL CHARGES BY A VALID DENIAL REASON CODE
PLUS AMOUNT PAID BY OTHER HEALTH INSURANCE PLUS AMOUNT OF THIRD PARTY
LIABILITY PLUS AMOUNT OF PAYMENT REDUCTION)

WHEN:

SUBMISSION CODE

- I INITIAL SUBMISSION
- R RESUBMISSION OF ERROR REJECT
- O ZERO PAYMENT
- D COMPLETE FI/CONTRACTOR DENIAL
- F ADJUSTMENT NEW SUFFIX

OR

- A ADJUSTMENT
- C CANCELLATION WITH AMOUNT ALLOWED $>$ ZERO

WITH FILING DATE WITHIN THE NUMBER OF MONTHS OF HCSR_s STORED ON THE
DATABASE.

NO OCCURRENCE OF SPECIAL
PROCESSING CODE

- A PARTNERSHIP PROGRAM (INTERNAL)
- R MEDICAL CHAMPUS DUAL ENTITLEMENT
- M HCP AND PPP
- S RESOURCE SHARING

ENROLLMENT STATUS

- S CRI STANDARD CHAMPUS PROGRAM
- J MCS-HOMESTEAD STANDARD CHAMPUS
- Q NEW ORLEANS STANDARD CHAMPUS
- D TRICARE STANDARD CHAMPUS
- F FI STANDARD CHAMPUS PROGRAM
- M MCS-CA/HI STANDARD CHAMPUS
- T MCS-STANDARD CHAMPUS

PROGRAM INDICATOR

- N NON-INSTITUTIONAL (EXCL D, H, T)
- I INSTITUTIONAL (EXCL D, H, T)
- T DENTAL (EXCL D, H)
- D DRUG

SPECIAL RATE CODE

- Ø NO SPECIAL RATE

AMOUNT PAID BY OHI \neq ZERO

AMOUNT OF TPL \neq ZERO

NO OCCURRENCE OF OVERRIDE
CODE

- O GOVERNMENT PAYMENT REDUCTION APPLIED²

UNLESS:

² IF THE 'LESSER' COMPUTED AMOUNT IS NEGATIVE, AMOUNT PAID BY GOVERNMENT FI/CONTRACTOR MUST = \$0.00.

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Element Name: Amount Paid by Government FI/Contractor (2-155) (Continued)

PROVIDER PARTICIPATION INDICATOR EQUALS 'N'

AND

AMOUNT PAID BY OHI > ZERO

OR

AMOUNT OF TPL > ZERO

2-155-07R EDIT FOR STATE-DRG NO DISCOUNT, WITH OHI/TPL.

AMOUNT PAID BY GOVERNMENT FI/CONTRACTOR MUST EQUAL THE LESSER¹ OF
AMOUNT ALLOWED MINUS (PATIENT COPAYMENT PLUS PATIENT COINSURANCE PLUS
AMOUNT APPLIED TOWARD DEDUCTIBLE PLUS AMOUNT OF PAYMENT REDUCTION) OR
AMOUNT ALLOWED MINUS (AMOUNT PAID BY OHI PLUS AMOUNT OF TPL PLUS AMOUNT OF
PAYMENT REDUCTION)

WHEN

AMOUNT PAID BY OHI ≠ ZERO OR AMOUNT OF TPL ≠ ZERO

ENROLLMENT STATUS

F FI STANDARD CHAMPUS
D MANAGED CARE SUPPORT - TRICARE-TIDEWATER
STANDARD CHAMPUS PROGRAM
J MANAGED CARE SUPPORT - HOMESTEAD
STANDARD CHAMPUS PROGRAM
M MANAGED CARE SUPPORT - CALIFORNIA/HAWAII
STANDARD CHAMPUS PROGRAM
Q NEW ORLEANS STANDARD CHAMPUS
S CRI STANDARD CHAMPUS
T MANAGED CARE SUPPORT - STANDARD CHAMPUS
PROGRAM
Y CONTINUED HEALTH CARE BENEFIT PROGRAM
STANDARD

PROGRAM INDICATOR

I INSTITUTIONAL
N NON-INSTITUTIONAL
D DRUG
T DENTAL

SPECIAL RATE CODE

F DRG NO DISCOUNT

NO OCCURRENCE SPECIAL
PROCESSING CODE

R MEDICARE/CHAMPUS DUAL ENTITLEMENT

NO OCCURRENCE OF OVERRIDE CODE = 'O' (GOVERNMENT PAYMENT PENALTIES APPLIED)

2-155-08R EDIT FOR STATE-DRG WITH DISCOUNTS, NO OHI/TPL. (ALLOW 1¢ ROUNDING ERROR IN THIS EDIT.)

AMOUNT PAID BY GOVERNMENT FI/CONTRACTOR MUST EQUAL
NON-DISCOUNTABLE HOSPITAL SERVICES (TOTAL CHARGES BY PROCEDURE CODE FOR
PROCEDURE CODES FOR WHOLE BLOOD (90593), PROFESSIONAL SERVICES (90595), AND
PROFESSIONAL COMPONENTS (90594)) PLUS

THE AFTER DISCOUNT RATE

A 96% FOR SPECIAL RATE CODE DRG 4% DISCOUNT
B 97% FOR SPECIAL RATE CODE DRG 3% DISCOUNT
C 98% FOR SPECIAL RATE CODE DRG 2% DISCOUNT
E 99% FOR SPECIAL RATE CODE DRG 1% DISCOUNT

¹ IF THE 'LESSER' COMPUTED AMOUNT IS NEGATIVE, AMOUNT PAID BY GOVERNMENT FI/CONTRACTOR MUST BE \$0.00.

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Non-Institutional Edit Requirements

Element Name: Amount Paid by Government FI/Contractor (2-155) (Continued)

TIMES (AMOUNT ALLOWED MINUS [PATIENT COPAYMENT PLUS PATIENT COINSURANCE PLUS THE AMOUNT APPLIED TOWARD DEDUCTIBLE PLUS AMOUNT OF PAYMENT REDUCTION PLUS THE NON-DISCOUNTABLE PROFESSIONAL SERVICES]) WHEN

ENROLLMENT STATUS

- F FI STANDARD CHAMPUS
- D MANAGED CARE SUPPORT - TRICARE-TIDEWATER STANDARD CHAMPUS PROGRAM
- J MANAGED CARE SUPPORT - HOMESTEAD STANDARD CHAMPUS PROGRAM
- M MANAGED CARE SUPPORT - CALIFORNIA/HAWAII STANDARD CHAMPUS PROGRAM
- T MANAGED CARE SUPPORT - STANDARD CHAMPUS PROGRAM
- Q NEW ORLEANS STANDARD CHAMPUS
- S CRI STANDARD CHAMPUS
- Y CONTINUED HEALTH CARE BENEFIT PROGRAM STANDARD

AMOUNT PAID BY OTHER HEALTH INSURANCE = ZERO;

AMOUNT OF THIRD PARTY LIABILITY = ZERO;

PROGRAM INDICATOR

- I INSTITUTIONAL
- N NON-INSTITUTIONAL
- D DRUG
- T DENTAL

SPECIAL RATE CODE

- A DRG 4% DISCOUNT
- B DRG 3% DISCOUNT
- C DRG 2% DISCOUNT
- E DRG 1% DISCOUNT

2-155-09R EDIT FOR STATE-DRG WITH DISCOUNTS, WITH OHI/TPL. (ALLOW 1¢ ROUNDING ERROR IN THIS EDIT.)

AMOUNT PAID BY GOVERNMENT FI/CONTRACTOR MUST EQUAL THE LESSER¹ OF NON-DISCOUNTABLE PROFESSIONAL SERVICES (TOTAL CHARGES BY PROCEDURE CODE FOR PROCEDURE CODES FOR WHOLE BLOOD (90593), PROFESSIONAL SERVICES (90595) AND PROFESSIONAL COMPONENTS (90594)), PLUS

THE AFTER DISCOUNT RATE

- A 96% FOR SPECIAL RATE CODE DRG 4% DISCOUNT
- B 97% FOR SPECIAL RATE CODE DRG 3% DISCOUNT
- C 98% FOR SPECIAL RATE CODE DRG 2% DISCOUNT
- E 99% FOR SPECIAL RATE CODE DRG 1% DISCOUNT

TIMES (AMOUNT ALLOWED MINUS [AMOUNT PAID BY OTHER HEALTH INSURANCE PLUS AMOUNT OF THIRD PARTY LIABILITY PLUS AMOUNT OF PAYMENT REDUCTION PLUS THE NON-DISCOUNTABLE PROFESSIONAL SERVICES])

NO OCCURRENCE SPECIAL
PROCESSING CODE

- R MEDICARE/CHAMPUS DUAL ENTITLEMENT

OR

NON-DISCOUNTABLE PROFESSIONAL SERVICES PLUS THE AFTER DISCOUNT RATE TIMES (AMOUNT ALLOWED MINUS [PATIENT COPAYMENT PLUS PATIENT COINSURANCE PLUS AMOUNT APPLIED TOWARD DEDUCTIBLE PLUS AMOUNT OF PAYMENT REDUCTION PLUS NON-DISCOUNTABLE PROFESSIONAL SERVICES]) WHEN

¹ IF THE LESSER COMPUTED AMOUNT IS NEGATIVE, AMOUNT PAID BY GOVERNMENT FI/CONTRACTOR MUST = \$0.00.

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Element Name: Amount Paid by Government FI/Contractor (2-155) (Continued)

(AMOUNT PAID BY OHI ≠ ZERO OR AMOUNT OF TPL ≠ ZERO);

ENROLLMENT STATUS	F	FI STANDARD CHAMPUS
	D	MANAGED CARE SUPPORT - TRICARE-TIDEWATER STANDARD CHAMPUS PROGRAM
	J	MANAGED CARE SUPPORT - HOMESTEAD STANDARD CHAMPUS PROGRAM
	M	MANAGED CARE SUPPORT - CALIFORNIA/HAWAII STANDARD CHAMPUS PROGRAM
	Q	NEW ORLEANS STANDARD CHAMPUS
	S	CRI STANDARD CHAMPUS
	Y	CONTINUED HEALTH CARE BENEFIT PROGRAM STANDARD
	T	MANAGED CARE SUPPORT - STANDARD CHAMPUS PROGRAM
PROGRAM INDICATOR	I	INSTITUTIONAL
	N	NON-INSTITUTIONAL
	D	DRUG
	T	DENTAL
SPECIAL RATE CODE	A	DRG 4% DISCOUNT
	B	DRG 3% DISCOUNT
	C	DRG 2% DISCOUNT
	E	DRG 1% DISCOUNT
NO OCCURRENCE SPECIAL PROCESSING CODE	R	MEDICARE/CHAMPUS DUAL ENTITLEMENT

NOTE

SPECIAL RATE CODES 'P' AND 'D' WILL NOT BE EDITED.

2-155-11R IF ALL DETAIL OCCURRENCES ARE DENIED
AMOUNT PAID BY GOVERNMENT FI/CONTRACTOR MUST BE = ZERO WHEN

TYPE OF SUBMISSION	I	INITIAL SUBMISSION
	R	RESUBMISSION OF ERROR REJECT
	O	ZERO PAYMENT
	F	ADJUSTMENT NEW SUFFIX
	D	COMPLETE DENIAL

OR

TYPE OF SUBMISSION	A	ADJUSTMENT
	C	COMPLETE CANCELLATION

WITH FILING DATE WITHIN THE NUMBER OF MONTHS OF HCSR_s STORED ON THE
DATABASE

ELSE

TYPE OF SUBMISSION	B	ADJUSTMENT NON-HCSR DATA
	E	CANCELLATION NON-HCSR DATA

OR

TYPE OF SUBMISSION	A	ADJUSTMENT
	C	COMPLETE CANCELLATION

¹ IF THE 'LESSER' COMPUTED AMOUNT IS NEGATIVE, AMOUNT PAID BY GOVERNMENT FI/CONTRACTOR MUST =
\$0.00.

Non-Institutional Edit Requirements

Element Name: Amount Paid by Government FI/Contractor (2-155) (Continued)

WITH FILING DATE OLDER THAN THE NUMBER OF MONTHS OF HCSRs STORED ON THE DATABASE THEN AMOUNT PAID BY GOVERNMENT FI/CONTRACTOR MUST BE \leq ZERO.

UNLESS DENIAL REASON CODE = N (MULTIPLE DENIAL REASONS)

2-155-12R AMOUNT PAID BY GOVERNMENT FI/CONTRACTOR MUST = AMOUNT ALLOWED MINUS (PATIENT COPAYMENT PLUS PATIENT COINSURANCE PLUS AMOUNT APPLIED TOWARD DEDUCTIBLE PLUS AMOUNT OF PAYMENT REDUCTION) WHEN

PROGRAM INDICATOR	I	INSTITUTIONAL
	N	NON-INSTITUTIONAL
	D	DRUG
	T	DENIAL
ENROLLMENT STATUS	A	FOUNDATION HEALTH PLAN
	B	PARTNERS HEALTH PLAN
	C	QUEENS HEALTH CARE PLAN
	N	CRI NON-PRIME (e.g. EXTRA)
	O	NEW ORLEANS PRIME
	R	TRICARE EXTRA - NORTH CAROLINA
	U	MANAGED CARE SUPPORT - PRIME
	V	MANAGED CARE SUPPORT - EXTRA
	Z	MANAGED CARE SUPPORT PRIME. MTF/PCM
	P	NEW ORLEANS NOT ENROLLED, NOT STANDARD CHAMPUS

AMOUNT PAID BY OTHER HEALTH INSURANCE = ZERO;

AMOUNT OF THIRD PARTY LIABILITY = ZERO;

TYPE OF SUBMISSION	I	INITIAL SUBMISSION
	R	RESUBMISSION OF ERROR REJECT
	O	ZERO PAYMENT
	F	ADJUSTMENT NEW SUFFIX

NO OCCURRENCE OF OVERRIDE CODE = 'O' (GOVERNMENT PAYMENT PENALTIES APPLIED)

OR

TYPE OF SUBMISSION	A	ADJUSTMENT
	C	CANCELLATION

WITH FILING DATE WITHIN THE NUMBER OF MONTHS OF HCSRs STORED ON THE DATABASE.

NO OCCURRENCE OF OVERRIDE CODE = 'O' (GOVERNMENT PAYMENT PENALTIES APPLIED)

2-155-13R IF (AMOUNT PAID BY OTHER HEALTH INSURANCE NOT = \neq OR AMOUNT OF THIRD PARTY LIABILITY NOT = \neq) AND PROVIDER PARTICIPATION INDICATOR = 'N', EXIT.

AMOUNT PAID BY GOVERNMENT FI/CONTRACTOR MUST EQUAL THE LESSER¹ OF AMOUNT ALLOWED MINUS (PATIENT COPAYMENT PLUS PATIENT COINSURANCE PLUS AMOUNT APPLIED TOWARD DEDUCTIBLE PLUS AMOUNT OF PAYMENT REDUCTION)

OR, IF FILING DATE < 93001

AMOUNT BILLED MINUS TOTAL CHARGES BY PROCEDURE CODE PLUS AMOUNT OF PAYMENT REDUCTION	1	DENIAL REASON CODE DUPLICATE CLAIM
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	L	OTHER INSURANCE PROCESSING INFORMATION NOT PROVIDED
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¹ IF THE LESSER COMPUTED AMOUNT IS NEGATIVE, AMOUNT PAID BY GOVERNMENT FI/CONTRACTOR MUST = \$0.00.

Non-Institutional Edit Requirements

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Element Name: Amount Paid by Government FI/Contractor (2-155) (Continued)

MINUS (AMOUNT PAID BY OTHER INSURANCE PLUS AMOUNT OF THIRD PARTY LIABILITY)

OR, IF FILING DATE \geq 93001

AMOUNT BILLED MINUS TOTAL CHARGES BY A VALID DENIAL REASON CODE

MINUS (AMOUNT PAID BY OTHER INSURANCE PLUS AMOUNT OF THIRD PARTY LIABILITY)

OR

IF SPECIAL PROCESSING CODE

A PARTNERSHIP PROGRAM

M HEALTH CARE FINDER/PARTICIPATING PROVIDER

S RESOURCE SHARING

OR

SPECIAL RATE CODE

D DISCOUNT RATE AGREEMENT

THE AMOUNT ALLOWED MINUS (AMOUNT PAID BY OTHER HEALTH INSURANCE PLUS AMOUNT OF THIRD PARTY LIABILITY PLUS AMOUNT OF PAYMENT REDUCTION) WHEN

TYPE OF SUBMISSION

I INITIAL SUBMISSION

R RESUBMISSION OF ERROR REJECT

O ZERO PAYMENT

F ADJUSTMENT NEW SUFFIX

NO OCCURRENCE OF OVERRIDE CODE = 'O' (GOVERNMENT PAYMENT PENALTIES APPLIED)

OR

SPECIAL RATE CODE

R AMBULATORY SURGERY FACILITY PAYMENT RATE

S DISCOUNTED AMBULATORY SURGERY FACILITY PAYMENT RATE

THE LESSER OF THE AMOUNT ALLOWED OR AMOUNT BILLED MINUS (AMOUNT PAID BY OTHER HEALTH INSURANCE PLUS AMOUNT OF THIRD PARTY LIABILITY) WHEN

TYPE OF SUBMISSION

I INITIAL SUBMISSION

R RESUBMISSION OF ERROR REJECT

O ZERO PAYMENT

F ADJUSTMENT NEW SUFFIX

NO OCCURRENCE OF OVERRIDE CODE = 'O' (GOVERNMENT PAYMENT PENALTIES APPLIED)

OR

TYPE OF SUBMISSION

A ADJUSTMENT

C CANCELLATION

WITH FILING DATE WITHIN THE NUMBER OF MONTHS OF HCSRs STORED ON THE DATABASE;

ENROLLMENT STATUS

A FOUNDATION HEALTH PLAN

B PARTNERS HEALTH PLAN

C QUEENS HEALTH CARE PLAN

E MANAGED CARE SUPPORT - TRICARE-TIDEWATER PRIME

G MANAGED CARE SUPPORT - TRICARE-TIDEWATER EXTRA

K MANAGED CARE SUPPORT - TRICARE - CALIFORNIA/HAWAII TRICARE PRIME ENROLLED PATIENT

L MANAGED CARE SUPPORT - CALIFORNIA/HAWAII, NON-ENROLLED PATIENT, NETWORK PROVIDER (TRICARE EXTRA)

¹ IF THE 'LESSER' COMPUTED AMOUNT IS NEGATIVE, AMOUNT PAID BY GOVERNMENT FI/CONTRACTOR MUST = \$0.00.

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Non-Institutional Edit Requirements

Element Name: Amount Paid by Government FI/Contractor (2-155) (Continued)

PROGRAM INDICATOR

O. NEW ORLEANS PRIME
 P. NEW ORLEANS NOT ENROLLED, NOT STANDARD CHAMPUS
 R. TRICARE EXTRA - NORTH CAROLINA
 U. MANAGED CARE SUPPORT - PRIME
 V. MANAGED CARE SUPPORT - EXTRA
 Z. MANAGED CARE SUPPORT PRIME, MTF/PCM
 N. NON-INSTITUTIONAL
 I. INSTITUTIONAL
 T. DENTAL
 D. DRUGS

(AMOUNT PAID BY OHI ≠ ZERO OR AMOUNT OF TPL ≠ ZERO).

NO OCCURRENCE OF OVERRIDE CODE = 'O' (GOVERNMENT PAYMENT PENALTIES APPLIED)

NO OCCURRENCE SPECIAL R. MEDICARE/CHAMPUS DUAL ENTITLEMENT
 PROCESSING CODE

• EDITS FOR SPECIAL PROCESSING CODE **.

2-155-14R AMOUNT PAID BY GOVERNMENT FI/CONTRACTOR MUST EQUAL AMOUNT ALLOWED MINUS (PATIENT COPAYMENT PLUS PATIENT COINSURANCE PLUS AMOUNT APPLIED TOWARD DEDUCTIBLE PLUS AMOUNT OF PAYMENT REDUCTION) WHEN:

ANY OCCURRENCE OF SPECIAL * VA MEDICAL CENTER CLAIM
 PROCESSING CODE

PROGRAM INDICATOR D. DRUG

NO OCCURRENCE OF
 OVERRIDE CODE =

K. CATASTROPHIC LOSS PROTECTION

2-155-18R AMOUNT PAID BY GOVERNMENT FI/CONTRACTOR MUST EQUAL AMOUNT ALLOWED MINUS (PATIENT COPAYMENT PLUS PATIENT COINSURANCE PLUS OTHER HEALTH INSURANCE PLUS THIRD PARTY LIABILITY PLUS AMOUNT APPLIED TOWARD DEDUCTIBLE) WHEN:

ENROLLMENT STATUS U. MANAGED CARE SUPPORT PRIME

SPECIAL PROCESSING CODE PO. TRICARE PRIME - POINT OF SERVICE

¹ IF THE 'LESSER' COMPUTED AMOUNT IS NEGATIVE, AMOUNT PAID BY GOVERNMENT FI/CONTRACTOR MUST = \$0.00.

Non-Institutional Edit Requirements**Element Name: Health Care Plan Code Identifier (2-185) (Continued)**

THEN HEALTH CARE PLAN CODE MUST BE BLANK	
2-185-10R	IF HEALTH CARE PLAN CODE = '07'
ENROLLMENT STATUS MUST =	T MANAGED CARE SUPPORT - STANDARD CHAMPUS PROGRAM U MANAGED CARE SUPPORT - PRIME V MANAGED CARE SUPPORT - EXTRA R TRICARE EXTRA - NORTH CAROLINA W GSU ACTIVE DUTY - USA BB MEDICARE SUBVENTION/TRICARE SENIOR PRIME
2-185-11R	IF CONTRACTOR FHC OPTIONS (FORT BRAGG DEMO)
HEALTH CARE PLAN CODE MUST BE '11'	
2-185-12R	IF HEALTH CARE PLAN CODE = '11'
ENROLLMENT STATUS MUST =	T MANAGED CARE SUPPORT - STANDARD CHAMPUS PROGRAM U MANAGED CARE SUPPORT - PRIME V MANAGED CARE SUPPORT - EXTRA W GSU ACTIVE DUTY - USA
2-185-13R	IF CONTRACTOR (REGION 06) TEXAS/OKLAHOMA/LOUISIANA/ARKANSAS
HEALTH CARE PLAN CODE MUST BE '09'	
UNLESS:	
	AA CONTINUED HEALTH CARE BENEFIT PROGRAM EXTRA
ENROLLMENT STATUS	Y CONTINUED HEALTH CARE BENEFIT PROGRAM STANDARD
THEN HEALTH CARE PLAN CODE MUST BE BLANK	
2-185-14R	IF HEALTH CARE PLAN CODE = '09'
ENROLLMENT STATUS MUST =	T MANAGED CARE SUPPORT - STANDARD CHAMPUS PROGRAM U MANAGED CARE SUPPORT - PRIME V MANAGED CARE SUPPORT - EXTRA W GSU ACTIVE DUTY - USA BB MEDICARE SUBVENTION/TRICARE SENIOR PRIME
2-185-15R	IF CONTRACTOR (REGION 09, 10, 12) CALIFORNIA/HAWAII
HEALTH CARE PLAN CODE MUST BE '08'	
UNLESS:	
	AA CONTINUED HEALTH CARE BENEFIT PROGRAM EXTRA
ENROLLMENT STATUS	Y CONTINUED HEALTH CARE BENEFIT PROGRAM STANDARD
THEN HEALTH CARE PLAN CODE MUST BE BLANK	
2-185-16R	IF HEALTH CARE PLAN CODE = '08'
ENROLLMENT STATUS MUST =	T MANAGED CARE SUPPORT - STANDARD CHAMPUS PROGRAM U MANAGED CARE SUPPORT - PRIME V MANAGED CARE SUPPORT - EXTRA W GSU ACTIVE DUTY - USA

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Non-Institutional Edit Requirements

Element Name: Health Care Plan Code Identifier (2-185) (Continued)

		BB	MEDICARE SUBVENTION/TRICARE SENIOR PRIME
2-185-17R	IF CONTRACTOR (REGION 03, 04) HUMANA HEALTH CARE PLAN CODE MUST BE '13', '14', '15', '16' UNLESS:	AA	CONTINUED HEALTH CARE BENEFIT PROGRAM EXTRA
	ENROLLMENT STATUS	Y	CONTINUED HEALTH CARE BENEFIT PROGRAM STANDARD
	THEN HEALTH CARE PLAN CODE MUST BE BLANK		
2-185-18R	IF HEALTH CARE PLAN CODE = '13', '14', '15', '16' ENROLLMENT STATUS MUST =	T	MANAGED CARE SUPPORT - STANDARD CHAMPUS PROGRAM
		U	MANAGED CARE SUPPORT - PRIME
		V	MANAGED CARE SUPPORT - EXTRA
		W	GSU ACTIVE DUTY - USA
		X	ACTIVE DUTY - EUROPE
		BB	MEDICARE SUBVENTION/TRICARE SENIOR PRIME
2-185-19R	IF CONTRACTOR (REGION 07, 08) TRIWEST HEALTH CARE PLAN CODE MUST BE = '12' UNLESS:	Y	CONTINUED HEALTH CARE BENEFIT PROGRAM STANDARD
	ENROLLMENT STATUS MUST =	AA	CONTINUED HEALTH CARE BENEFIT PROGRAM EXTRA
	THEN:		
	HEALTH CARE PLAN CODE MUST BE BLANK.		
2-185-20R	IF HEALTH CARE PLAN CODE = '12' ENROLLMENT STATUS MUST =	T	MANAGED CARE SUPPORT - STANDARD CHAMPUS PROGRAM
		U	MANAGED CARE SUPPORT - PRIME
		V	MANAGED CARE SUPPORT - EXTRA
		W	GSU ACTIVE DUTY - USA
		BB	MEDICARE SUBVENTION/TRICARE SENIOR PRIME
2-185-21R	IF CONTRACTOR (REGION 2/5) THEN HEALTH CARE PLAN CODE MUST BE = '17' UNLESS	Y	CONTINUED HEALTH CARE BENEFIT PROGRAM STANDARD
	ENROLLMENT STATUS MUST =	AA	CONTINUED HEALTH CARE BENEFIT PROGRAM EXTRA
	THEN		
	HEALTH CARE PLAN CODE MUST BE BLANK.		
2-185-22R	IF HEALTH CARE PLAN CODE = '17' THEN	T	MANAGED CARE SUPPORT - STANDARD CHAMPUS PROGRAM
	ENROLLMENT STATUS MUST =	U	MANAGED CARE SUPPORT - PRIME
		V	MANAGED CARE SUPPORT - EXTRA

Non-Institutional Edit Requirements**Element Name: Health Care Plan Code Identifier (2-185) (Continued)**

		W	GSU ACTIVE DUTY - USA
		Z	MANAGED CARE SUPPORT - PRIME (WITH MTF/ CLINIC PCM)
2-185-23R	IF CONTRACTOR (REGION 1)		
	THEN HEALTH CARE PLAN CODE MUST BE = '18'		
	UNLESS		
	ENROLLMENT STATUS MUST =	Y	CONTINUED HEALTH CARE BENEFIT PROGRAM STANDARD
		AA	CONTINUED HEALTH CARE BENEFIT PROGRAM EXTRA
	THEN		
	HEALTH CARE PLAN CODE MUST BE BLANK		
2-185-24R	IF HEALTH CARE PLAN CODE = '18'		
	THEN		
	ENROLLMENT STATUS MUST =	T	MANAGED CARE SUPPORT - STANDARD CHAMPUS PROGRAM
		U	MANAGED CARE SUPPORT - PRIME
		V	MANAGED CARE SUPPORT - EXTRA
		W	GSU ACTIVE DUTY - USA
		Z	MANAGED CARE SUPPORT - PRIME (WITH MTF/ CLINIC PCM)
		BB	MEDICARE SUBVENTION/TRICARE-SENIOR PRIME

Non-Institutional Edit Requirements**Element Name:** **Diagnosis Edition Identifier (2-190)****Validity Edits****2-190-01** MUST BE A VALID CODE; CURRENTLY, ONLY '9' IS VALID.**Relational Edits**

Related to Element	Edited Element Relationship	Also Relates to Element(s)
NONE		

Non-Institutional Edit Requirements

Element Name: Procedure Text Identifier (2-195)			
Validity Edits			
2-195-01	VALUE MUST BE 4 <u>OR</u> 8.		
Relational Edits			
Related to Element	Edited Element Relationship	Also Relates to Element(s)	
PROGRAM INDICATOR	SEE BELOW		
Edited Element Relationship			
2-195-02R	IF PROGRAM INDICATOR	T	DENTAL
	PROCEDURE TEXT IDENTIFIER MUST = 8.		
	IF PROGRAM INDICATOR ≠	T	DENTAL
	PROCEDURE TEXT IDENTIFIER MUST = 4.		

